

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------|----------|--------|---------|
| FEE DETERMINATION | BA | 70385 | |
| O.I.P.E. CLASSIFIER | | 15 | 1/29/94 |
| FORMALITY REVIEW | | 65703 | 5-12-99 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) Canceled A Appeal
 + Restricted O Objected

| Claim | Final | Original | Date |
|-------|-------|----------|------|
| 1 | ✓ | 5 | 12 |
| 2 | ✓ | 14 | 4 |
| 3 | ✓ | 02 | 02 |
| 4 | ✓ | 02 | 04 |
| 5 | ✓ | 02 | 04 |
| 6 | ✓ | 02 | 04 |
| 7 | ✓ | 02 | 04 |
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| 11 | ✓ | 02 | 04 |
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| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here